

Pine Creek High School - *Partial Absence Parent Approval Form*

Name: _____ School Year _____ Semester: Fall Spring

Class of _____ Period Requested: Blue 1 Blue 2 Blue 3 Blue 4 Green 1 Green 2 Green 3 Green 4
Seniors may schedule single Partial Absence either at the beginning or end of the day (1st/4th blocks) or consecutive partial absence (1st/2nd or 3rd/4th). Consecutive partial absence periods will not be scheduled in the middle of the day (2nd/3rd). 9th – 11th graders may take a maximum of one partial absence per semester (1st/4th blocks only).

Reason for requesting a partial absence:

CONDITIONS FOR PARTIAL ABSENCE		
Parent/Guardian Initials	Student Initials	
		Student must verify, via transcript, that he/she is on track to meet graduation requirements.
		Students are responsible for knowing when there is an adjustment to the schedule due to weather or a scheduled Late Start and to attend at the correct time.
		Student must provide his/her own transportation to and from school.
		Student must not be on school grounds during the time of the partial absence unless prior arrangements have been made an administrator. Administrator Initials _____
		12 th graders may take a maximum of two (2) partial absence per semester. 9 th – 11 th graders may take a maximum of one (1) attendance waiver per semester.
		D20, PCHS, its administration and staff will NOT be responsible for a student’s safety or well-being during the time of the partial absence.
		Student must be enrolled in a minimum of five credits for participation in athletics and activities.
		Partial Absence carries NO CREDIT and does NOT count towards graduation or athletic eligibility.
		Approval of partial absence is solely at the discretion of Pine Creek High School administration.
		Parents and students assume all risks associated with partial absence, including District 20 graduation requirements, NCAA eligibility, and post-secondary education admission requirements and unsupervised time while not attending a regularly scheduled class.

I understand and agree to the conditions of this contract:

Student Signature _____ Date: _____

Parent Signature _____ Date: _____

Counselor/Administrator Approval

The following period has been approved for a Partial Absence and I have verified student has the appropriate credits to support a Partial Absence. Semester 1 Day _____ Period _____ Semester 2 Day _____ Period _____

Counselor/Principal Verification _____ Date _____

After approval by parents and staff members, please submit to Registrar to enter the Partial Absence to Student Schedule

_____ Entered by Registrar